

MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 6/1/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 97799 Addtl. Chronic Pain Management Program 5xwk x 2wks.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 97799 Addtl. Chronic Pain Management Program 5xwk x 2wks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this female was injured on xx/xx/xx while working as a xx. She was pulling a cart full of merchandise when the cart wheel became stuck causing her to fall. The cart fell and landed on top of her. Initial reported injuries were to her tailbone, back, and arm. There are no records from the actual time of the injury or from early treatment. MRI studies of the lumbar spine were performed on October 13, 2009 showing multilevel pathology with either central, lateral recess, or foraminal stenosis, especially at the L5-S1 level bilaterally. EMG studies performed on April 21, 2010 showed no evidence of radiculopathy.

In terms of treatment, physical therapy was recommended in October, 2009, but was denied by the carrier. Physical therapy was again recommended and denied in August, 2010. A lumbar epidural steroid injection was administered in October, 2010, with no reported relief of symptoms.

The patient complained of pain in her lower back radiating down the right lower extremity. Over the several years following her injury, she developed general deconditioning syndrome. She had problems with sleep and reported signs and symptoms of anxiety and depression. She did have individual psychotherapy sessions. A Functional Capacity Evaluation was performed at some point following her injury and showed that she could function at a sedentary physical demand level. Her minimal job requirements were a medium PDL.

The injured worker entered a comprehensive pain management program in late November, 2011. Records were not provided for the evaluation or initial request for the chronic pain management program. Also the formal report from the actual comprehensive pain management program was not provided, but there are records in the available medical record which indicate the progress made during that program. For some reason, the patient completed ten sessions of comprehensive pain management over a two-week period. It is unclear as to why she did not complete the other two weeks of the comprehensive pain management program but a request has been made for continuation of the program for 80 hours over a two-week period.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This worker had a documented injury in a work related accident on xx/xx/xx. It appears that her working diagnosis was lumbar intervertebral disk pathology without myelopathy and spasms of muscles. Electrodiagnostic studies showed no evidence of radiculopathy. Physical therapy was requested in October, 2009 and August, 2010, but denied by the carrier. The injured worker received one epidural steroid injection without improvement in symptoms. She had several psychotherapy sessions to address her complaints of psychological distress. She has been treated with multiple medications. The medications listed in her medical record include Neurontin, Vicodin, Meloxicam, and Lyrica.

The injured worker entered a comprehensive pain management program in late November, 2011. There are no formal reports from that chronic pain management program that would indicate the results of the treatment program although there are letters of reconsideration which clearly indicate that the injured worker made progress in the treatment program. Reportedly, her physical capacity increased from a sedentary level to a medium PDL. It was noted in the record, however, that the injured worker did not meet all goals that would allow her to return to work safely. There is indication that the injured worker's psychological distress reduced during the treatment program. Her BDI score decreased from 29 on November 14, 2011 to 25 on December 9, 2011. Her Beck Anxiety Inventory decreased from 22 on November 14, 2011 to 20 on December 9, 2011. Records indicate that she was depending less on medications to control her pain at the end of her treatment program and she was actually taking less than the prescribed amount of medications. The record indicates that she was an active learner, compliant, and motivated. She participated in all physical activities including group therapies. She showed both subjective and objective signs of improvement.

ODG Treatment Guidelines indicate that in order for a chronic multidisciplinary treatment program to continue for longer than two weeks, there should be evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. According to the record presented for review, the injured worker was compliant, motivated, and made both physical and psychological improvement. She continued to have problems both in the physical and psychological realm and treatment goals were presented in the records reviewed.

This medical record indicates that this injured worker meets ODG Treatment Guideline criteria for the prospective medical necessity of continuation of a chronic pain management five times a week for two weeks. Therefore, the requested service is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)